

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155580		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 08/29/2011	
NAME OF PROVIDER OR SUPPLIER TIMBERVIEW HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2350 TAFT STREET GARY, IN46404			
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K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 08/29/11</p> <p>Facility Number: 008505 Provider Number: 155580 AIM Number: 200064830</p> <p>Surveyor: Richard D. Schade, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Timberview Health Care Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p>			K0000	<p>Allegation of Credible Compliance This plan of Correction is prepared and executed because it is required by the provision of State and Federal law and not because Timberview Health Care Center agrees with the allegations and citations listed on pages 1-65 of this statement of deficiency. Timberview Health Care Center maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care. This plan of correction shall also operate as the facility's written credible allegation of compliance, please accept September 28, 2011, as the date of compliance.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>This one story facility with a partial basement was determined to be of Type V (111) construction and fully sprinklered. The original building was constructed in 1980 with the 300 wing added in 1995. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and resident sleeping rooms. The facility has a capacity of 129 and had a census of 125 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 09/01/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K0143 SS=E	<p>Transferring of oxygen is:</p> <p>(a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction;</p> <p>(b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and</p> <p>(c) in an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association. 8.6.2.5.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 2 liquid oxygen storage areas was provided with signage indicating oxygen transferring is occurring. This deficient practice could affect residents, staff and visitors in and near the oxygen storage and transfilling room on the 100 wing.</p> <p>Findings include:</p> <p>Based on observation with the facility maintenance supervisor during the tour of the facility at 3:35 p.m. on 08/29/11, the facility's oxygen storage and transfilling</p>			K0143	<p>K-143 Transferring of Oxygen</p> <p>The facility failed to ensure liquid oxygen storage area was provided with signage indicating oxygen transferring is occurring. The facility will ensure that all oxygen storage areas will have laminated signage to indicate that oxygen transferring is occurring. These signs will be displayed on the outside of the oxygen storage room door. Signage will be provided no later than 9/30. All nursing staff will be inserviced to display the signage during all times of transferring of oxygen. Staff inservicing will be completed no later than 9/30. Director of Nursing will ensure that nursing staff has been inserviced on displaying the proper signage during oxygen transferring, along with ensuring nursing staff are displaying the signage during all oxygen transfers. Administrator will monitor displaying of signage</p>		09/28/2011

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K0144 SS=F	room on the 100 wing was not provided with a sign indicating transferring of oxygen was occurring. Based on interview at the time of observation, the maintenance supervisor acknowledged the transferring of oxygen does occur in the oxygen storage and transfilling room and no sign indicating the transferring of oxygen was occurring in the facility's oxygen storage and transfilling rooms was provided. 3.1-19(b)						
	Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. Based on record review and interview, the facility failed to ensure a monthly load test for 1 of 1 emergency generators was conducted using one of the three following methods: under operating temperature conditions, at not less than 30% of the Emergency Power Supply (EPS) nameplate rating, or			K0144	K-144 Generators are Inspected Weekly and Exercised under load for 30 Minutes per Month. The facility failed to ensure a monthly load test for emergency generators was conducted using one of three following methods: under operating temperature conditions, at not less than 30% of the Emergency Power Supply nameplate rating, or loading that maintains the minimum exhaust gas temperature as recommended by the		09/28/2011

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	<p>loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer. Chapter 3-4.4.1.1 of NFPA 99 requires monthly testing of generators serving the emergency electrical system to be in accordance with NFPA 110. Chapter 6-4.2 of NFPA 110 requires generator sets in Level 1 and Level 2 service to be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods:</p> <p>a. Under operating temperature conditions or at not less than 30 percent of the EPS (Emergency Power Supply) nameplate rating.</p> <p>b. Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer.</p> <p>The date and time of day for required testing shall be decided by the owner, based on facility operations. This deficient practice could affect all residents, staff and visitors.</p>				<p>manufacturer. All facility emergency generators are setup to run automatically weekly on a pre-set day of the week for 30 minutes under load conditions. These setting have been set by corporation's emergency generator service tech. Maintenance will ensure all generators are operating properly and document on the Corporation's TELS program the pre-start and during operation levels. This procedure has been set as a immediate action to be implemented. Administrator will monitor monthly the completion of the weekly tests. Corporation's Director of Property Maintenance will make a review of the emergency generator documents through the TELS Program and during routine visits.</p>		

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K0154 SS=F	Findings include: Based on review of monthly load test record documentation with the maintenance supervisor at 2:50 p.m. on 08/29/11, the load tests for the emergency generator were conducted weekly, with the months of 09/10 and 08/11 having the generator run for 15 minutes or less. Based on interview at the time of record review, the maintenance supervisor stated he was not aware of the requirements. 3.1-19(b)						
	Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch system is provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1 Based on record review and interview, the facility failed to provide a complete written policy containing procedures to be		K0154	K-154 Automatic Sprinkler System is out of service for more than 4 hours in a 24-hour period. The facility failed to provide a complete written policy containing		09/28/2011	

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	<p>followed to protect 129 of 129 residents in the event the automatic sprinkler system has to be placed out of service for 4 hours or more in a 24 hour period in accordance with LSC, Section 9.7.6.1. LSC, 9.7.6.2 requires sprinkler impairment procedures comply with NFPA 25, Standard for Inspection, Testing and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 11-5(d) requires the local fire department to be notified of a sprinkler impairment and 11-5(e) requires the insurance carrier, alarm company, building owner/manager and other authorities having jurisdiction also to be notified. This deficient practice could affect all occupants in the facility including residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of the facility's policy and procedure book with the maintenance supervisor on 08/29/11 at 2:40 p.m., the fire</p>				<p>procedures to be followed in the event the automatic sprinkler system has to be placed out of service. The facility ensure the proper Fire Watch Policy and Procedure form is available and complete to ensure the proper steps are being followed in the event the automatic sprinkler system has to be placed out of service. The Fire Watch Policy and Procedure Form will be completed with the correct contact numbers no later than 9/30. Maintenance Supervisor will ensure that all of the agencies to be contacted will have the correct contact numbers. The Fire Watch Policy and Procedure form will be reviewed on a semi-annual basis to ensure correct contacts numbers have not changed. Administrator will review the Fire Watch Policy and Procedure Form semi-annually to ensure the form has been completed. Corporation's Director of Property Maintenance will make a review of the Fire Watch Policy and Procedure Form during routine facility visits.</p>		

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K0155 SS=F	watch procedure for an out of service automatic sprinkler system was incomplete. The procedure lacked the telephone numbers for the Indiana State Department of Health (317-233-5359) and the local fire department. The interview with the maintenance supervisor at the time of the record review indicated no other policy or procedure was available to review. 3.1-19(b)						
	Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch is provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8 Based on record review and interview, the facility failed to provide a complete written policy containing procedures to be followed in the event the fire alarm system has to be placed out of service for four hours or more in a 24 hour period to protect 129 of			K0155	K-155 Fire Alarm System is out of service for more than 4 hours in a 24-hour period. The facility failed to provide a complete written policy containing procedures to be followed in the event the Fire Alarm system has to be placed out of service. The facility ensure the proper Fire Watch Policy and Procedure form is available and complete to		09/28/2011

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	<p>129 residents, in accordance with LSC, Section 9.6.1.8. LSC, 19.7.1.1 requires every health care occupancy to have in effect and available to all supervisory personnel a plan for the protection of all persons. All employees shall periodically be instructed and kept informed with respect to their duties under the plan. The provisions of 19.7.1.2 through 19.7.2.3 shall apply. 19.7.2.2 requires all fire safety plans to provide for the use of alarms, the transmission of the alarm to the fire department and response to alarms. 19.7.2.3 requires health care personnel to be instructed in the use of a code phrase to assure transmission of the alarm during a malfunction of the building fire alarm system. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of the facility's policy and procedure book with the</p>				<p>ensure the proper steps are being followed in the event the Fire Alarm system has to be placed out of service. The Fire Watch Policy and Procedure Form will be completed with the correct contact numbers no later than 9/30. Maintenance Supervisor will ensure that all of the agencies to be contacted will have the correct contact numbers. The Fire Watch Policy and Procedure form will be reviewed on a semi-annual basis to ensure correct contacts numbers have not changed. Administrator will review the Fire Watch Policy and Procedure Form semi-annually to ensure the form has been completed. Corporation's Director of Property Maintenance will make a review of the Fire Watch Policy and Procedure Form during routine facility visits.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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	<p>maintenance supervisor on 08/29/11 at 2:40 p.m., the fire watch procedure for an out of service automatic alarm system was not complete. The procedure lacked the required telephone numbers for the local fire department and the Indiana State Department of Health (317-233-5359). The maintenance supervisor stated at the time of record review, he had no other policy or procedure available to review.</p> <p>3.1-19(b)</p>						